

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	MULTI-PHASE, MULTI-COMPARTMENT CAPSULAR DELIVERY APPARATUS AND METHODS FOR USING SAME
Attorney Docket Number::	027668-0108
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	13
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Fred H.
Family Name::	MILLER
City of Residence::	Tampa
State or Province of Residence::	Florida
Country of Residence::	US
Street of mailing address::	2609 West Tyson Avenue Tampa, Florida 33611

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lance R.
Family Name:: AUSEC
City of Residence:: St. Petersburg
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 231 21st Avenue
 St. Petersburg, Florida 33706

Correspondence Information

Correspondence Customer Number:: 22428
E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer Number::	22428	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	PCT/US03/10816	04/09/2003
PCT/US03/10816	An application claiming the benefit under 35 USC 120	10/368,951	02/18/2003
PCT/US03/10816	An application claiming the benefit under 35 USC 120	10/369,244	02/18/2003
PCT/US03/10816	An application claiming the benefit under 35 USC 120	10/369,247	02/18/2003

PCT/US03/10816	An application claiming the benefit under 35 USC 120	10/369,427	02/18/2003
PCT/US03/10816	An application claiming the benefit under 35 USC 119(e)	60/371,448	04/10/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::